

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/774472 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 4 | 1 | 4 | 1 | | |
| TOTAL DEP. | 13 | | 15 | | | |
| TOTAL CLAIMS | 17 | | 19 | | | |